

He believes that the lesion is caused by stretching the nerve cords. This is brought about when the shoulder is forcibly depressed and the head bent to the opposite side and rotated. In this position, the junction of the fifth and sixth nerve is under its greatest tension while the lowest cords are scarcely at all affected. This position may be brought about in any presentation by forcible traction, and hence this accident is independent of the fetal presentation.

On operation, the lesion found consisted of cicatricial tissue making pressure and resulting from incomplete rupture of the nerve; rarely the cicatricial tissue is found outside the nerve trunk and surrounding it. The operation consists in excising cicatricial masses and suturing the nerve together. Before dividing the nerves, electrical stimulus was applied and the loss of the conduction carefully ascertained. Mechanical stimulation may be used as desired and produces the same results.

The operation should be done as soon as possible after the receipt of the injury. It is well to wait two months with the hope of spontaneous recovery, testing the electrical reactions during this time.

In cases where the lesion is an old one and electrical stimulation as ordinarily applied produces no result, the skin may be opened by a stab wound with a tenotome and a sterilized wire electrode passed directly downward to the muscle. In this way the reaction of the muscle may be accurately tested.

In eight cases in which operation was done, seven had been successful in various degrees. This accident occurred in the practice of competent obstetricians and was no evidence of carelessness or unskilful practice.

GYNECOLOGY.

UNDER THE CHARGE OF

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Ileus after Laparotomy.—In a discussion on this subject before the Dresden Gynecological Society (*Zentralblatt für Gynäkologie*, No. 27, 1904), LEOPOLD stated that he had seldom met with this complication of late years, and attributed it to improved technique and more rapid operating. In the majority of cases it is due primarily to sepsis. As prophylactic measures he mentions complete control of oozing, protection of the intestines during operation, and a careful search for any possible imprisoned loop of gut before closing the cavity.

Peters stated that he gave no purgatives before operation, but only enemata, in order to disturb the intestines as little as possible.

Goldberg reported two successful and one fatal secondary operations for ileus, due to adhesion of a loop of gut. He cited a fourth case in which eleven (!) abdominal sections were performed for the

relief of intestinal obstruction which first developed nine years after the primary operation. As he expressed it, the peritoneum was literally in a condition of general granulation (*Ausgranulieren*.) Finally the gut was resected and an artificial anus was successfully established.

Wagner-Hohenlohe, in closing the discussion, contended that ileus was nearly always of inflammatory origin. He did not believe that the length of the incision had anything to do with the conditions.

Adrenalin in Gynecology.—PETERS (*Zentralblatt für Gynäkologie*, No. 27, 1904) uses a 1 : 2000 or 1 : 3000 solution of the drug on an applicator within the uterine cavity to control hemorrhage after curettement, especially in cases in which he proposes to introduce a 30 per cent. formalin solution as a caustic. He has also found it of value in cases of metrorrhagia, especially when combined with solutions of suprarenal capsule. He recommends it also in cases of chronic urethritis, but regards it as especially valuable in vulvitis and pruritus, even when quite acute. He applies solutions of from 1000 to 3000 to the vulva, allowing them to remain in contact with the parts from two to five minutes.

Cysts of the Spleen.—MONNIER (*Beiträge zur Klin. Chirurgie*, Band xli., Heft 1) has been able to collect only 13 cases of non-parasitic cysts of the spleen, to which he adds another successful splenectomy from Krönlein's clinic. The condition is most common in women, and the etiology is obscure, trauma being a recognized cause. Multiple cysts of the spleen, as large as a pea or cherry, are common, but they seldom develop into large tumors. Their growth is slow, is attended with attacks of pain and vomiting, and later with pressure-symptoms. Changes in the blood are rarely observed. There is a temporary leukocytosis after operation. In the writer's case a peculiar perisplenic crepitus was felt. All the 14 cases terminated successfully, different measures being adopted—simple puncture, incision and drainage, enucleation, and splenectomy.

Aspirin in Obstetrics and Gynecology.—GOTH (*Medizinische Blätter*, No. 6, 1904) reports 276 cases in which he found this drug a valuable analgesic, especially in dysmenorrhœa and inoperable carcinoma. He used it also successfully for the relief of painful uterine contractions after labor and curettement; 7 grains are administered every half hour until pain is relieved. If no effect is obtained after four doses have been given it is inferred that there is no use in continuing the drug. In cancer cases 15 grains are given at once. No unpleasant after-effects were observed in any instance.

[We have now under observation a case of recurrent cancer following hysterectomy in which 5 grains of aspirin always give prompt relief after codeine had been used in vain.—H. C. C.]

Thigenol in Gynecology.—NAUMANN (*Deutsche Ärzte-zeitung*, Heft 19) has tried this sulphur compound in 100 cases, as a substitute for ichthyol, and finds that it is not only a more powerful local analgesic but is free from odor and does not soil the patient's linen. He uses it in metritis, erosions of the cervix, enlargements of the adnexa, and pelvic exudates, also in acute urethritis.